

Consumer Council News

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CBOC AID

Department of Veterans Affairs, VHA, will assist all VISNs in augmenting staffing at all Community Based Outpatient Clinics (CBOC) by filling gaps in mental health care with an additional \$17 million for Fiscal year 2006. Funds are limited to mental health professionals and/or support staff for expansion or enhancement of current mental health programs and/or to create new mental health programs. The VISNs have to submit their plans by September 30, 2005. This is a priority for mental health.

Newsletter sponsored by
VA Mental Health
Consumer Council
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VA Consumer Provider Study

Matthew Chinman, Ph.D of VISN 22 MIRECC, West Los Angeles VA Healthcare System did a study to learn what the barriers were to developing and implementing consumer provider mental health programs. He did over 40 focus groups with three key VA stakeholder groups (1)patients (2) providers (3)administrators. There was strong agreement among the stakeholders that consumer providers can:

- ◆ Provide Support
- ◆ Act as a Role Model
- ◆ Promote Community integration
- ◆ Provide a two way link between the mental health system and the patients

There was disagreement among the stakeholders as to if the consumer providers should

be paid or volunteer and if they should work with groups or one-to-one contact. The more serious concerns were that consumer providers may not be stable all of the time and that because they were not

professionals what would the liability be if something bad did happen. The recommendations to implement Consumer Provider programs is to work closely with stakeholders and (1)clarify job functions (2)hire several consumer providers to avoid tokenism (3)provide supervision for job performance (4)create a culture that supports the contribution of consumer providers and (5)use an affirmative action stance in hiring.



VA Substance Use Study

A recent report *Health Services for VA Substance Use Disorder Patients (August 2005)* has been done showing that veterans are receiving significantly less treatment in specialized substance abuse treatment programs. In 1998 45% of veterans who had a substance use disorder were receiving specialized substance abuse treatment services in the VA, while in 2004 only 14% received it. Of the 77,400 substance use disorder veterans who were inpatients in fiscal year 2004 95% (73,800) were discharged from non-specialized care units. In fiscal year 2004 96% of the 73,800 inpatients seen in nonspecialized care settings were men, the mean age was 53, and 26% were married. A total of 55% seen in non-specialized care served during the Vietnam era and approximately 90% were in the VA Mean Test Category A. None of the substance

use disorder patients seen in non-specialized inpatients settings received specialized outpatient care afterwards. There were among this group (13%) that did get seen in psychiatric outpatient treatment.

Generally, this report shows the marked decline of specialized services in substance abuse in VA programs. There currently is an effort to reestablish substance abuse treatment programs for veterans who have substance use problems and many(21%) who have combined substance use and mental health diagnosis.

Online Newsletter
www.mentalhealth.med.va.gov/cc

Self-help/Advocacy Groups speed Recovery

The Department of Veterans Affairs, has endorsed the use of self-help/advocacy groups in the *VHA Mental Health Strategic Plan*. The effectiveness of self-help/advocacy groups was noted in the groundbreaking document Mental Health: A Report of the Surgeon General. It stated "participation in self-help groups has been found to lessen feelings of isolation, increase practical knowledge, and sustain coping efforts. Similarly, for people with schizophrenia or other mental illnesses, participation in self-help groups increases knowledge and enhances coping. Professional medical staff can help consumers make some changes in their lives but resources are limited. Self-help/advocacy groups can fill in the gaps, making sure that consumers know and understand their rights and helping them learn skills and attitudes that make it easier for them to overcome obstacles to living a meaningful life. Sometimes just connecting with peers who have lived through similar experiences can make consumers

realize that they can change their lives and begin to work toward their own recovery. These groups are empowering in that they allow consumers to demonstrate that they can help themselves and each other. Being helpful to another person is therapeutic—expectations of competence replace the often limited hopes and expectations that consumers may encounter in other environments.

Many distinguished researchers have noted the importance of peer support to the recovery process. One such researcher is Dr. Courtenay Harding, executive director of Boston University's Institute for the Study of Human Resilience and an author of a landmark study of deinstitutionalized people with psychiatric disabilities in Vermont and Maine who had spent years warehoused in the back wards of mental institutions. She stated, "Consumers are wonderful at helping each other and teaching each other how to take control of their illness".

How is your VISN Mental Health Service Line Organized?

In a study of 15 VISNs there was significant diversity of how mental health services are structured and operated in the Veterans Integrated Service Networks (VISNs). The Mental Health VA Quality Enhancement Research Initiative (QUERI) as part of a study of Strategies to Improve Schizophrenia Treatment (ASSIST) found that most VISNs were organized into task force models of mental health service line implementation (53.3%). Task force members are drawn from different facilities and formal reporting relationships remain facility-based. These task forces have no formal power, input on performance evaluations of task force members or budget control, VISN-level task forces are not considered service lines within VA and their effectiveness is highly dependent on the influence of the task force leader and the support of the task force by VISN leader-

ship. Other mental health service line models observed were teams/councils(20%), matrix models (20%) and a modified division model (6.7%). Almost all respondents said the mental health service line monitored performance measures and worked actively with network VAMCs to promote improvement in performance measures. A variety of organizational structures characterize VISN mental health service line implementation in the VA. Most VISNs assessed are organized into relatively weak structures compared to models where network mental health leaders have budget and/or supervisory authority. The structure of mental health services will need to be monitored closely as there is a relationship between how effectively implementation of evidence-based practices along with dynamic programs in recovery can be achieved if there is not optimal organizational alignment.

Information and Resources

Annual American Psychological Association Convention
7-10 August 2003. Toronto, Canada

For more information:www.apa.org